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REMARKABLE CASE OF RECOVERY FROM DROWNING BY THE AID OF FARADAISM AND ELECTRO-PUNCTURE.

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EARLY one stormy, ice-making morning in March, I was requested to go in haste to see a man who was just being taken out of the water in our harbor, and was at the end of one of the wharves. He was supposed to be quite dead already, in all probability, as he had been in the water some time before he could be found (the time, I suppose, is always over-estimated in such cases by the excited spectators), and when found, the messenger said the body and limbs were "cold, stiff and corpsy," the eyes and lips very much swollen. He was an athletic seaman, and, as we subsequently learned, was the second officer of the clipper ship Black Eagle, an Englishman by birth, of dark complexion, thick set, and weighing about 170 lbs.; had been well, was of good health and habits, and had accidentally fallen into the water by slipping upon the icy dock-log. We were by this time on the spot, and found the case much as represented—a cold, rigid, and apparently lifeless body; by-standers exclaiming, as we approached, "It is no use; he is stone dead; it is useless and nonsense. Oh! he is utterly drowned—dead as death," &c.

Instantly we inquired for the nearest room that could be had for shelter from the wind and storm, and where we might commence operations for his *re*-suscitation. The back room of a flour store, near by, was pointed out, and promptly offered for our use, into which the body was quickly carried, face downwards, by ample and willing hands, who at my orders, though faithless and remonstrating, expeditiously removed his wet, heavy, and partially frozen clothing, washed away the mud from his hair, face, eyes and ears, while others commenced a lively rubbing on the limbs and body with warm, dry towels and other cloths. Some old sacks and a buffalo robe were hastily spread upon a tier of packing boxes, and upon these the body was raised to be convenient for

protracted labors in rolling, that is, tilting the body from side to side, now this side up and then that, also for other manipulations to be instituted. I should have mentioned, also, that it was stated by those who had witnessed the accident, and those who were near by at the time, that the man was not seen to rise after he fell into the water, until some twenty or thirty minutes afterwards—some verily believing it was an *hour;* at least, not until grappling irons had been sent for and used, and some two or three sailors had jumped in and dived repeatedly in vain for him. One of these finally seized him by the boot, or leg of his pantaloons, and, after most desperate efforts, succeeded in bringing him to the top of the water. This sailor told me afterwards that he appeared, when he found him, to be sticking in the mud, head downwards, the water about fifteen feet deep, and that he himself came near being fastened in the plastic bottom during his efforts to "start him;" also that he found one arm out of his coat sleeve, as if he had tried to remove it while there drowning at the bottom of the sea. This was corroborated by the appearance of so much mud and sand about his head and shoulders, and by the extreme tumefaction of his eyes and mouth.

All was alacrity now, and every one seemed to work with a will, though evidently against hope; some with warm, yes, *hot* cloths, others with their strong, rough hands squeezing and kneading the muscles everywhere; others' mission was to promote artificial respiration by rolling the body regularly every fifteen seconds, well over on the right side and then on the left, at the same time lifting the arms and pressing the sides of the thorax, and then again suspending this latter, reversing the position of the body, and now compressing the abdomen, thorax and heart. Thus relays, of some half a dozen each, were organized, and worked on systematically like good fellows.

I had already noticed that the stomach region was very much distended, and apparently with fluid, notwithstanding so much had dribbled away by mouth and nostrils while carrying him to the store room. A stomach-tube was introduced (which for such occasions I always seize, together with a stomach-pump and magneto-electric machine), and by aid of the pump, discharged an incredible amount of water.

Next, we commenced in earnest the application of electricity, as auxiliary, or rather as, in my mind, the principal hope in this extreme emergency. The machine was put at work at greatest power. The metallic electrodes, covered for the time with bits of wet rag, were applied, the positive to the back of the neck, while the other was at first glided along over the shoulder to the side of the neck, over the pectoral, serratus, and other chest muscles, first on the left side and then on the right; changing back and forth, say every minute; changing the direction of the current occasionally; also changing the site of the electrodes, bringing the

upper or positive one to the side of the neck and over the pneumogastric nerve, then to the brachial plexus, then over the trapezius and cervical spine, back and forth, at the same time sweeping the negative along the lower third of the pectorals and about the whole waist. The current was thus used most powerfully one minute, as *direct*, and the next minute as *inverse*, and this was continued for one hour.

But after this, having thus worked definitely and perseveringly with all our operations for more than an hour, the machine also running all the while at the highest possible speed and strength, and having thus thoroughly embraced the nerve trunks, ganglia, nerve ramifications and muscle fibres of the thorax in the circuit of this powerful electric current, and finding that no signs of life appeared, we redoubled the energy of all our appliances. While other things were being well done, I now directed the current through the chest, placing the positive pole to the nipple of the right breast, and the negative to the nipple of the left, the body at this moment laying on the right side, inclining well over towards the face. Instantly there was perceived a quick, short inspiration, much like a sigh; but unfortunately, this could not be reproduced, though sought for with most strenuous efforts by all hands, for some time longer. I now loosened the binding screw of one of the conductors from the machine, and thus holding its metallic tip, the positive electrode being placed at the *nuche*, while the negative was adjusted with a small sponge-tipped ivory electrode, the sponge being moistened and placed in the left nasal fossa, I made and broke contact in this manner with my hand, every ten or fifteen seconds, retaining the action of the current longer than the cessation. This was a renewed success. Its rallying power was wonderful. Repeated sighing-like inspirations were thus pretty regularly but seldom produced, as was evident to me, and at the same time the skin became softer and warmer. It is note-worthy, that these sighs or inspirations were so slight, and amid such brisk work, and were also so unexpected, that they were discredited by some of the more doubting eye-witnesses. These lively processes were pursued, however, for some half hour longer; during which time, the electrodes were placed respectively on the breasts, and sometimes at the nuche and nose, and then opposite the diaphragm, from the lower cervical vertebræ to the pit of the stomach, &c., but the phenomenon of life appeared to flag a little instead of increasing.

At this juncture I resolved to resort to electro-puncture: not primary galvanic, but suitable, or at least admissible, for such a case. Long gold electro-puncture needles, well insulated except at their points, four in number, and four inches in length each, were carefully inserted in quick succession, some two or three inches apart, along the front sides of the chest, two in the lower part of each pectoral, plunging them inwards and downwards be-

tween the fifth and sixth ribs, their whole length, thus transfixing the pectoral, intercostal and diaphragm muscles, embracing the external nerves, also the solar plexus and the phrenic nerve branches. The introduction of the needles made no visible impression, but the instant the electrodes were now removed from the skin and brought only in contact with the ball heads of the needles (or the coupling chain of each two), so that the electric current actually traversed the diaphragm, from the points of one pair of needles on one side to those in the other, there was produced at each contact, i. e., after a delay of some five seconds or so, most manifest respirations, to the infinite delight of all present, for this was the *argumentum ad hominem*. All were now inspired with courage, and this procedure, together with the still faithful labors of the relays for warm frictions, and their rollings for artificial respirations, flexing limbs and squeezing muscles for circulation and warmth, was maintained with encouraging results for another hour or more; for we noticed that if the electrodes were omitted, the respirations, or sighings as they might be called, failed to appear. I now ventured to change again the mode of application. The positive metallic electrode was carried to different points on the cervical spine, then over the sides of the neck, to the cervical and brachial ganglia, and then to the opposite side; at the same time, and all the while, the negative *(strongest)* pole was being so moved as to connect with corresponding needles on that side, or alternately applied to the skin; then again to the needles in the diaphragm, then from tongue to needles, and from tongue to anus, alternately; from nose to needles (the little ivory electrode being adjusted to the schneiderian membrane and held by an assistant, so as to be readily touched by the attached electrode in use), also from the various muscles about the chest to the needles, respectively. It now became evident to all, that life was actually *re*-assuming dominion in the body; the sighing was deeper and more like a natural inspiration; the cadaveric appearance and persistent "*goose flesh*" were being replaced by more smoothness of skin, and more warmth, or at least, less clammy coldness; there were signs of sensation, moreover; there were seen tremulous motions in the limbs whenever the nasal electrode, or rectum electrode, was touched, and there was less gurgling sound in the throat.

In the course of the next half hour, the heart-beats became very apparent, and soon the pulse was found at the wrist. The respirations were now partially self-induced, and occurred even when the electrode was occasionally withheld. The man was still deaf and blind (the eyes terribly swollen), and speechless; though he now sighed, hiccoughed, groaned, and struck about with his limbs. From this time the current employed was reduced one half; for already there appeared some spasms of the diaphragm and abdominal muscles. A little hot brandy and water was now poured into his mouth, and he swallowed. I touched the electro-puncture needles

no more with the current, but left them in their places for several hours. Not for one moment, as yet, were the electrodes allowed to pass into other hands, of less experience, as I knew the taper of life would yet easily flicker out, either by carelessness or by too much or too little help. I therefore took a less fatiguing position, and still holding one electrode in each hand, continued carefully watching and applying them synchronously with the more and more frequent respirations, first at every other, then at every third, then every fifth, and sixth, and so on, according as needed in strength, length and frequency of application. After a time the electrodes could be spared at times, from the respiratory department, and were therefore applied with the strongest current; now rather sweeping along over the abdomen, the spine and limbs, as if bathing him with electricity. The muscles were exercised and stimulated, the capillary circulation increased, and the reflex action became not a little aroused to the general machinery and chemistry of life.

The next six hours' procedure I will not detail, for there was nothing remarkable. At the end of that time, ten hours in all, the man became sensible, could speak, see, and take nourishment. The groanings, and other expressions of pain and unrest ceased, and he had naps of refreshing sleep. The next day reaction had set in, and he felt sore, tired and feverish, and was at times a little delirious. He has now entirely recovered, and is a well, hearty, able-bodied man, excepting his hearing, which is diminished, and he has roarings in his ears when he lies down.

Thus I have endeavored to describe faithfully and minutely the processes successfully employed in saving the life of this officer. What other power, or how much less process, could have done it? I believe the man's life would have been lost if we had relied only on the "*ready method*" and the ordinary frictions.

This case is not without instruction. Electricity, in or of itself, is not a uniform remedy. It is never a reliable aid or remedy when applied without a method, whether as galvanism (i. e., the primary current), or as Faradaism (i. e., the secondary, or induced current). But electricity, when skilfully employed, is a reliable and powerful remedy; not only adapted to such desperate cases, but equally good for a variety of other cases and conditions, when well selected and effectively applied.

PUERPERAL FEVER TREATED BY TURPENTINE.

[Read before the Suffolk District Med. Society, and communicated for the Boston Med. and Surg. Journal.]

By N. C. Stevens, M.D., Boston.

March 25th, 1861, 7, P.M., I was called to visit Mrs. D., American, aged 26, of rather slender constitution. Menstruation had always been irregular until marriage, twelve months since. Had

been attended, six days ago, by a midwife, and, after an easy labor of twelve hours, was delivered of a healthy male child which weighed eight pounds. The midwife being present, stated that nothing unusual occurred the first five days after confinement. The lochia may have been rather small in quantity. The mammary secretion was abundant, and the child nursed well. On the evening of the fifth day, the patient had a chill, followed by heat, thirst, restlessness, and some delirium. On the morning of the 26th, the midwife was sent for, and gave a dose of castor oil, and in the afternoon administered two enemas, but was unable to procure a dejection.

At this stage, the following conditions were present:—position on back and sliding down in bed, with the extremities drawn up; countenance pale and anxious; pulse 150, small and wiry, but regular; skin hot and dry; tongue somewhat furred and dry; urgent thirst and general restlessness; some cough, from irritation of larynx; abdomen tympanitic and conoidal; constant and severe pain in pelvic region; acute tenderness on pressure in left groin, extending toward the right; lochia entirely suppressed; urine scanty and high colored. Ordered the following: ℞. Hydr. chlor., gr. x.; sodæ carb., ℈iss. M. Also, an eighth of a grain of tartrate of antimony every two hours. Stupes of spirits of turpentine to abdomen.

26th, A.M.—During the night patient had two dejections; slight nausea; tongue not so dry; no delirium; has had two or three hours' sleep; pulse 150; abdomen more tense, but pain less acute; tenderness extends to right groin and upward; expresses great desire to sleep. Continued the antimony, with two grains of calomel and four of Dover's powder every four hours. In evening, found the patient had slept several hours during the day. Pulse 145; one dejection; urinary secretion more free. Says she feels better. All the remedies to be continued as before.

27th, A.M.—Night very restless, with delirium; features contracted and sharp; pulse 145; not much pain in abdomen; tenderness has extended above the umbilicus; several large, irregular, dark spots over the surface; some vomiting of bile during night. A blister eight by twelve inches was ordered to lower portion of abdomen. Beef tea.

4, P.M.—The patient, seen by Dr. Storer in consultation, presents all those appearances that were present in the morning. Blister has been on nine hours, and vesication is very slight. Plaster removed, and the following course prescribed, other remedies being discontinued: ℞. Ol. terebinth., ℥i., and brandy every four hours, and renewal of stupes.

28th, A.M.—Nurse says that the remedies have been faithfully administered. Pulse 140; features very sharp; alæ of nose pinched up; skin over os frontis tense and shining; slept very little; constant sliding down in bed; intellect confused; is unable

to move any of the extremities; with difficulty protrudes the tongue, which is more furred, but is moist; no cough; respiration easy, and 24 per minute; skin dry and hot; vomited several times during night; two dejections; copious secretion of urine, which is less high colored. Ordered half a drachm of terebinth. in two of brandy, every four hours; continued stupes to abdomen, and also to the inside of the thighs from the pelvis to the knees.

P.M., 6 o'clock.—Has slept some during the day; complains of the burning from the stupes; remove them; cotton batting ordered to be substituted; pulse same as in the morning; two dejections; vomited several times during day; no improvement in countenance; abdomen very tense, but not as conoidal; vesication over whole surface of blister, with free discharge of serum. Continue internal remedy, with the brandy and fifteen drops of laudanum with each dose, with as much beef tea as she will take.

29th.—Patient's countenance, if changed, is for the better; slept three hours, with less delirium; no dejection; urine very copious; vomited twice in night; physical condition of abdomen the same; pulse 140, and a trifle fuller. Turpentine and brandy to be continued the same, without the laudanum. Stupes to be reapplied to abdomen and thighs. Beef tea and calves-feet jelly.

6, P.M.—General condition as in the morning; three dejections, which were quite thin and large in quantity; abdomen possibly not so tense. Stupes to be removed and cotton substituted. Turpentine, with brandy, to be continued, with addition of laudanum. Diet, the same.

30th.—Patient slept three or four hours, and no delirium; countenance still sharp, but forehead has lost its peculiar shining appearance; pulse 135; vomits a bluish-green matter; free from pain; abdomen a little less distended, but tender on firm pressure; returning color to lips; respiration free and easy. Turpentine at 9, A.M., and 3, P.M.

Evening visit.—Find patient very restless, and as yet unable to move or to be moved, except a limb at a time; quite thirsty; cheeks slightly flushed for the first time since I saw her; two dejections during the day, with occasional vomiting; pulse 145. Turpentine and laudanum at 9, P.M. Beef tea and jelly, and new milk.

31st, A.M.—Patient asleep; restless and delirious till 12 o'clock, since then has slept some—say two hours; countenance has improved; says she feels better; pulse 130; urine continues abundant and light colored; one dejection. Turpentine and laudanum at 12 o'clock. Diet as before.

9, P.M.—Countenance looks more hopeful; tympanitic state of abdomen subsiding; one dejection since morning; pulse 134. Twenty drops of laudanum at 9 o'clock, to be repeated if necessary to procure sleep.

April 1st.—Patient looks improved; pulse 120; no delirium;

slept quiet some hours; tympanitis still subsiding, and very little tenderness on pressure; complains of burning sensation in palms of hands, and desires to hold a cold, damp napkin to allay it, which is granted; tongue quite clean, but assuming an aphthous appearance. Continue nutrition. She prefers milk, which is drank freely. ℞. Sulph. quiniæ, one half grain every six hours.

P.M., 9 o'clock.—Two dejections during the day; pulse continues as before; there is a profuse secretion of a thick tenacious mucus from throat, which gives much trouble. Continue the morning remedy, with twenty drops of laudanum, and repeat if necessary.

2d.—Patient had several hours fair sleep during the night; pulse 112; tongue dry and dark; abdomen feeling better, but deep, firm pressure shows some tenderness in pelvis. Continue milk, with wine and the prescription of yesterday.

Evening.—Pulse 120. Would have had a good day had it not been for exhaustion from effort to rid the fauces of mucus. Two dejections. Laudanum, twenty drops.

April 3d, A.M.—Some hours of sleep; mouth and throat better; pulse 118; has been turned upon the side for the first time. Ordered an ounce each of the tincture of hops and the compound tincture of cinchona, and from a scruple to a drachm of the iodide of potassium every six hours. Continue milk, and give other simples if desired.

4th.—Pulse 118; during night slight wandering; tongue clean and moist, but somewhat tender; one dejection. Desires cracker and milk. Continue the tonic.

5th.—Had a good night; improves in strength, and looks bright, and thinks she shall get well. From this time the patient continued to improve slowly, has had no relapse, and at the present writing is well.

THERAPEUTIC VALUE OF SULPHATE OF MAGNESIA, OIL OF TURPENTINE, AND CALOMEL, IN DYSENTERY.

[We print the following from an excellent article, by Prof. William H. Thayer, in the *Berkshire Medical Journal* for August.]

Since 1852, I have followed a very different plan in the treatment of dysentery. My patient is put at once on frequently-repeated small doses of a saline cathartic. I commonly employ the sulphate of magnesia in doses of one drachm, repeated every four hours. The object is not to get rid of scybala. If I had any reason to suspect their presence, I should give a full cathartic dose of castor oil at once. The object is to relieve the inflammation (or if used at the outset, the congestion) of the mucous membrane by procuring a free serous discharge from its surface. That this effect is produced, to the great relief of the symptoms, and

usually to the speedy cure of the disease, I have frequent evidence. This will be better understood, if I describe the course. A patient is having frequent dysenteric discharges, with all the other symptoms. He gets one drachm of sulphate of magnesia in concentrated solution (which is important) every four hours. The next day I find that his discharges have become large and watery, with little mucus and less blood, are less frequent and less painful. If they have thus improved, I reduce the frequency of the salts, but have it continued every six hours. On the second day my patient has only one or two discharges, watery, and absolutely without blood or mucus. The medicine is ordered once in eight hours, and the next day I find he has had no evacuation at all, and the medicine is omitted. This is the end of the case—for he goes two or three days without any evacuation, if he is careful, and then has a natural discharge. The pain and tenesmus have usually disappeared at the end of the first twenty-four hours, without any opium whatever. This is the history of four cases in five of dysentery when I see them at the beginning. If the case is more advanced, it does not yield so readily, and may require an opiate at night, while the salts are given during the day.

I have sometimes given the salts less frequently, with less favorable results—I have had reason to think that where the symptoms did not yield, it was because the medicine was taken at too long intervals. I prefer to withhold opium, in order that the salts may have their full effect; during the first day, the patient can be soothed and relieved by sinapisms and fomentations, with flannel band around the body; and after this the pain is relieved.

My own favorable experience of this mode of treatment has been corroborated by others. I am unable to recollect the source from which I first derived the idea, but I have endeavored ever since to disseminate it, and I have had the pleasure within the last six months of seeing the plan advocated in several medical journals.

It is possible that the efficacious use of laxatives is not limited to sulphate of magnesia or to saline substances. I had a theory of their *modus operandi*, derived partly from Golding Bird—that they produced their effect by causing an exosmose of serous fluid from the inflamed mucous membrane, from which arose the necessity of using a concentrated solution. But some experiments by Headland seem to prove that the salts are taken up into the circulation before reaching the inflamed large intestine, and therefore some other explanation of their mode of action must be sought, which shall equally well account for the successful operation of some other cathartics administered in the same manner—that is, in frequently-repeated small doses. I refer particularly to castor oil. By the recommendation of Dr. West, the accomplished senior physician to the Royal Infirmary for Children, London, I have often found great benefit from the use of castor oil in small doses

often repeated, in the dysentery of children. I do not know that the sulphate of magnesia would not operate as well with children as it does with adults, but I have never used it. Dr. West's formula for the castor oil emulsion is the following:—℞. Ol. ricini, ʒ i.; pulv. acaciæ, ℈ i.; syrupi simplicis, ʒ i.; tinct. opii, gtt. iv.; aquæ floræ aurantii, ʒ vii. M. Ft. mistura. A teaspoonful to be given every four hours.

I have employed it with very happy results in many cases of dysentery of a somewhat chronic character in children. It has the advantage of being not unpalatable—children generally take it without any objection.

Like the epsom salts, castor oil in some way reduces the inflammation of the mucous membrane, and the secretion of bloody mucus rapidly diminishes, simultaneously with the abatement of irritation and pain.

I have spoken thus far of dysentery and its successful treatment, as it is seen in a large majority of the cases in New England. I have had but little experience with malignant dysentery or with grave epidemics, for they are extremely rare in New England. I have no reason to think that the saline treatment would have the slightest influence in malignant dysentery. But in most of the cases that are met with during even a serious epidemic, I have little doubt that, if employed early, it will be found as effectual as it is in the milder form that it takes among us almost every summer and autumn. Its use is not inconsistent with the employment of stimulants, when they are required.

If, nevertheless, there are at any time non-malignant cases which do not yield at all to the use of saline medicines, or which, after a partial improvement, continue in a subacute form, what course promises the greatest and promptest success?

Let me first say that if the dysentery has yielded, but the patient is affected with diarrhœa, astringents and antacids with opium are the most appropriate remedies.

If after two or three days' employment of the saline, the discharges continue to be of bloody mucus, and there is little abatement of the other symptoms, it is time to resort to other expedients. In that case, I presume, no treatment promises better than a mercurial—a small dose of calomel, with opium, every six hours—under which we may reasonably expect a decided change for the better in the character of the evacuations, before enough has been taken to cause any considerable risk of ptyalism, except where there is an unusual sensitiveness to its effects.

I should say that I have very rarely been obliged to resort to mercurials with adults—for I have found very few cases that did not yield to the sulphate of magnesia. But in the "inflammatory diarrhœa" (West) of children, I have frequently prescribed small and repeated doses of calomel, with opium, when other measures failed, and usually with promptly good effect.

From some experience with the oil of turpentine, I am inclined to regard it as a remedy very similar to mercury in its effects upon the intestinal mucous membrane. I have employed it more especially in the dysentery of children. When the castor oil emulsion has been taken several days or a week, and the child, after a partial abatement of the symptoms, has ceased to improve, the addition of a few drops of the oil of turpentine to each dose often has a decided effect upon the symptoms, so that the improvement in the evacuations begins again, and in a few days more they have acquired their healthy character and number. This is the history of favorable cases, which in infants are of course less frequent than in adults.

The value of turpentine in chronic inflammations of the mucous membrane is perhaps sufficiently well known. Professor Wood has brought it into notice as a very useful remedy in an advanced stage of typhoid fever, especially on account of its prompt effect upon the ulcers of Peyer's patches, in promoting their cicatrization.

Three cases of chronic inflammation of the large intestine of moderate extent, mostly in the rectum in two of the cases, have been under my care within a few months past. They were all treated with the oil of turpentine in three daily doses; all began to improve in a few days, and two entirely recovered.

Turpentine is especially useful in dysentery when the first stage of active inflammation has passed, with dysenteric symptoms still remaining, and the patient presenting an appearance of morbid prostration—exhibiting, in fact, a condition evidently requiring stimulation: feeble pulse, and livid extremities, with tendency to coldness of the surface, and perhaps the tongue dry and the teeth covered with sordes. Dr. Wood makes the dry black tongue and the sordes the indication for the use of turpentine in fever. He says: "There is a particular state of fever usually attended with much danger, in which we have found this remedy uniformly successful. The condition of things alluded to, is one which occurs in the latter stages of typhoid fevers or lingering remittents, in which the tongue, having begun to throw off its load of fur in patches, had suddenly ceased to clean itself, and becomes dry and brownish. The skin is at the same time dry, the bowels torpid and distended with flatus, and the patient sometimes affected with slight delirium. Under the use of small doses of oil of turpentine, frequently repeated, the tongue becomes moist and again coated, the tympanitic state of the bowels disappears, and the patient goes on to recover as in a favorable case of fever. We are disposed to ascribe the effect to a healthy change produced by the oil in the ulcerated surface of the intestines."—(*U. S. Dispensatory*, Art. *Oleum Terebinthinæ*.)

With regard to the use of calomel in dysentery, there appears to be reason for doubt that its efficacy depends upon any direct

influence over the functions of the liver, as is very frequently alleged by medical men, or that the necessity for its exhibition rests on any hepatic complication. I shall only argue against these suppositions by the statement of two or three facts of modern observation.

It has been inferred from the green color of the evacuations, that is often seen after calomel has been taken, that an excessive flow of bile had taken place into the intestine, under the immediate influence of the mercurial upon the liver. "The green stools," says Pereira, "which sometimes follow the administration of calomel to children, are usually supposed to arise from the action of this medicine on the liver; though Teller thinks it depends on alterations produced in the condition of the blood. The same colored stools are frequently observed when no mercury has been used, and there does not appear to be any just ground for ascribing them to the calomel." It will be remembered that one of the first results of a slight exposure to cold in an infant, is the passage of green stools, with griping pain. West says, that in some cases the green discharges probably depend on the action of the acids of the alimentary canal upon the coloring matter of the bile (biliverdin) in the evacuations—which is probably the explanation of these cases of green stools following a chill. When the discharges are greenish in the course of dysentery, Golding Bird's investigations have rendered it probable that it results partly from the presence of altered blood in the evacuations.

Thus we have one fact—that the green stools are very common under various circumstances, unconnected with the use of calomel.

Another fact is, on the authority of Dr. Thudichum, of London, that calomel, whether it purges or not, does not increase the quantity of bile excreted, but on the contrary diminishes it. If the liver is relieved by the use of calomel, it is through its effect upon the intestines and the portal circulation, just as it would be relieved by other cathartics. This is proved by experiments of H. Nasse, Kölliker, and M. Müller. The green color of the stools which follow the use of calomel is really due to sub-sulphide of mercury, just as the black color of stools following the use of preparations of iron, is due to sub-sulphide of iron.—*(Thudichum.)*

We have reason, then, to know that calomel does not produce that increase in the biliary secretion and discharge, which many have considered indispensable to the relief of various cases of intestinal disturbance. And we may fairly infer that whatever advantage is derived from the use of calomel, as of turpentine in dysentery, is due to its direct effect upon the capillaries of the intestine, as a special stimulant.

Whether turpentine might not be employed with as great advantage as calomel in cases that seem to require either of them, my own experience will not allow me to say. I have seldom used

calomel since I began to treat dysentery with sulphate of magnesia, nine years ago. Calomel would be unsafe in a very advanced stage of the disease, when there was any pus in the discharges, and the vital force was low—while these are the very conditions in which the use of turpentine, a nervous stimulant, would be especially appropriate.

Bibliographical Notices.

The Pathology and Treatment of Venereal Diseases. By FREEMAN J. BUMSTEAD, M.D., New York. Blanchard & Lea, Philadelphia, publishers.

IT requires no inconsiderable courage, now-a-days, to write a book upon any scientific subject, even when the facts alleged are undisputed, and the doctrines based thereupon meet with general acceptation; his action, therefore, implies a hardihood almost verging upon audacity, who puts forth a work which presents entirely new views, and advances theories directly contravening those entertained by the major part of its readers; and that, too, upon a subject which has always furnished matter for differences and discussion, and about which even its greatest modern authority seems hardly to have settled his views, if we may judge from the yet recent changes in opinion ascribed to M. Ricord. Such is the case, however, with the book which we propose briefly to notice in the present article.

Let us premise that it is the production of a young New York surgeon, who has more than begun to attain a well-merited reputation for special skill in ophthalmic surgery, and in the treatment of venereal diseases. He is favorably known also as the translator and editor of Ricord and Hunter's Treatise on Syphilis.

As he remarks in his preface, "the additions to our knowledge of venereal, during the last ten years, have been numerous and in the highest degree important. Among the most remarkable may be mentioned *the distinct nature of the two species of chancre*; the innocuousness of the secretion of the infecting chancre, when applied to the person bearing it, or to any individual affected with the syphilitic diathesis; the removal of certain obstacles to a general belief in the contagiousness of secondary lesions; the fact that syphilis pursues the same course, whether derived from a primary or secondary symptom, commencing in either case with a chancre at the point where the virus entered the system; the definite period of incubation of the true chancre, and of general manifestations; the inefficacy of the abortive treatment of syphilis; and the phenomena of syphilization and their correct interpretation."

Such is the startling programme with which our author enters upon his labors; we say, startling, for truly to one taught in the doctrines on this subject which prevailed in the schools some twenty years ago, no milder term seems appropriate; and yet a careful perusal of the work has satisfied us that the author has ably maintained his positions, and has almost persuaded us that our previous faith in regard to syphilis was founded in error; it has also made plain many things which heretofore have greatly puzzled us in the study of this disease; and

above all, it has vastly increased our horror in respect of the fearful nature of the genuine syphilitic affection. The reader will infer from the above, that we are very favorably impressed by Dr. Bumstead's treatise, and though we do not intend to speak of it in terms of unqualified approbation, it is no part of our present design to hunt up and set forth its imperfections, if any are to be found. All that we propose to do at present, is to examine the book very briefly, pointing out whatever we think deserves special attention, but drawing no invidious comparisons between this and other works on the same subject. One thing, however, we are impelled to say, that we have met with no other book on syphilis, in the English language, which gives so full, clear and impartial views of the important subjects on which it treats.

The first part of the work is devoted to "Gonorrhœa and its Complications." Of this we shall have very little to say beyond the remark that the facts and arguments adduced by Dr. B., in our opinion, fully set at rest the vexed question of the identity or community of syphilis and gonorrhœa; for nothing, so it seems to us, can be plainer than the distinct nature and origin of the two affections. As for the rest, this does not differ materially from other recent writings on this branch. We cannot, however, refrain from expressing our satisfaction with the full and perspicuous manner in which the subject has been presented, and the careful attention to minute details, so useful—not to say indispensable—in a practical treatise: the time and labor which have been devoted to these, we consider well bestowed.

We pass now to the second part of the work, which is by far the more important portion; and here, at the very outset, our old-fashioned notions are rudely disturbed simply by the caption or prefix—"The Chancroid, its Complications; *and* Syphilis." We have italicized the conjunction, because it is in this relation a most significant particle. Have we, then, been laboring under a mistake all our professional life, and treating as syphilis all sorts of ulcers on the genitals, known to have originated from impure connection, as if but for prompt interference the patients were in danger of grave constitutional results, when with better knowledge we might have dismissed our anxieties, and in the majority of cases have encouraged our patients to hope for a speedy and effectual cure? We fear that ours is by no means a singular or uncommon blunder; for all chancres—so called—are not syphilitic, according to Dr. B., who proceeds in the "Introductory Remarks" to describe and explain the distinctions between the two lesions heretofore, and still, generally, believed to be varieties of one and the same morbid affection: one of these is the soft, non-infecting or simple ulcer, to which he would confine the name "chancroid;" the other is the true, hard, infecting chancre, "the initiatory lesion of acquired syphilis." A mere analysis of these "remarks" would not do the author justice, and would hardly suffice to present even a satisfactory summary of his reasons in favor of "the duality of syphilis." We commend them to the close attention of the profession. Let them be read, examined and pondered. It seems to us that this is the cardinal point of the new or modern view of syphilis; the hinge on which must turn its true conception and successful treatment. That it is one of vital importance to patients, may readily be perceived; and as all such medical facts have, moreover, a moral and frequently a social bearing, let this be considered in these lights. If, as our author be-

lieves and affirms, the true syphilitic virus, when once inoculated into the human system, affects it as surely and radically as does variola or vaccinia, what becomes of the abortive method of treatment, as it is termed? And if the disease or diathesis, when once established, is so exceedingly obstinate and persistent that its thorough and complete eradication is well nigh impossible, how greatly should it enhance our estimate of the disease, and increase our watchfulness of the symptoms, and our care to prevent or limit the spread of its infection! Here, indeed, may we see a fulfilment of the threat that the sins of the fathers shall be visited upon the children, even "unto the third and fourth generation."

We must confess our inability to refute the arguments, or to explain away the facts, alleged in support of this theory of the duality of syphilis. Indeed, on no other hypothesis can we account for numerous strange phenomena often observed by us (as doubtless by other physicians) in the management of syphilitic cases. Heretofore it has seemed to us, so numerous were the exceptions, that there was no general law governing such cases, but that each was "a law unto itself," or rather a case by itself, in the conduct of which, one could not confidently appeal to experience, or rely upon assistance from analogy. But if the fact of duality is sustained (and we do not see how it can be overthrown), much of the difficulty vanishes, and the cases which may offer themselves will be readily ranged under one of two classes, each having its own laws; and thus being systematized in the same way as any other of the diseases commonly encountered, they may be attacked more hopefully, perhaps confidently, because intelligently.

We would also direct special attention to the statement respecting a definite "period of incubation" of the symptoms of syphilis. If an established fact, it is of course a highly significant and important one, and should be carefully observed and noted by those engaged in the study of these diseases. Our limits will not allow us to examine in detail the other important and interesting features of the programme, as quoted by us in the commencement of this paper. We would, however, particularly specify the remarks on the "Contagiousness of Secondary Symptoms" as well worthy of consideration; nor shall we have space to notice the chapters which our author has devoted to the Various Complications and Sequelæ of Syphilis. All of them will amply repay a careful perusal, and while they contribute their quota in augmenting the value of the book, will also add much to Dr. B.'s reputation as a close observer and judicious physician, who has made the most of his extended opportunities for study and investigation, at home and abroad.

In the matter of "Treatment," passing by the ordinary and generally recognized methods, which, by the way, are clearly and minutely described in the book, we come to a novelty which will perhaps shock the moral sense of many of its readers, as well as excite their incredulity in a medical point of view. We refer to the practice of syphilization, as it is termed; by which is meant simply the inoculation with syphilitic virus, either by way of prophylaxis or cure. As regards the former—syphilitic inoculation of a healthy person, as a preventive, on a principle analogous to vaccination—the idea was very soon abandoned even by its author; but its practice as a curative agent upon those already diseased, has met with more favor, and will probably come into some-

what more general use, if repeated experience shall confirm previous results. It is barely ten years since Sperino, an Italian physician, made public the process, and he has already had many disciples or imitators on the other side of the water. Medical men on this side, perhaps, will be slow to take up the plan, but still will have to follow where truth shall lead, or point the way. Dr. B., without advocating this practice, has fairly presented all that can be said in its favor.

This paper being intended rather as a notice than a critical review of Dr. Bumstead's book, we shall not extend it farther than to advise those who wish to be posted in the latest and most reliable information respecting venereal diseases, to avail themselves of Dr. B.'s labors. The work is evidently written with care, and, as far as we can judge, in a fair and candid spirit. Especially would we commend it to the attention of "country practitioners" and those not conversant with, or not having access to, works written in foreign languages, who wish to know what our brethren abroad are teaching and doing in regard to this extensive and formidable class of diseases, as Dr. B. has liberally drawn upon foreign authorities (of course with the proper credit) whenever they could more forcibly illustrate his own views or confirm his own experience.

It would hardly be just to the publishers, Messrs. Blanchard & Lea, to omit saying that the book is handsomely "got up," and is printed with clear and distinct type on excellent paper. The illustrations also are quite equal (we think a little superior) to the average in American books; and, in conclusion, if we may be pardoned the use of a phrase now become stereotyped, but which we here employ in all seriousness and sincerity, we do not hesitate to express the opinion, that Dr. Bumstead's Treatise on Venereal Diseases is a "work without which no medical library will hereafter be considered complete." C.

The Modus Operandi of various kinds of Baths, Sea Bathing, Heat and Cold, physiologically explained. By JOHN O'REILLY, M.D., Fellow of the Royal College of Surgeons in Ireland, &c. &c. New York. 1861. Pp. 23.

The Modus Propagandi of the Human Species physiologically explained. By the same Author. New York. 1861. Pp. 28.

THE subjects treated of in these pamphlets are of no little importance in themselves, and seem to have been carefully considered by the author. We do not perceive much that is very new in them. The latter, on the subject of propagation, contains the following explanation of the origin of certain cases of epilepsy, which we do not recollect to have before noticed. In alluding to the act of coition, he says the suspension of respiration at the close of the act "is isochronous with the shock communicated to the whole frame on the emission of the semen: the electricity or vital fluid given off by the pulmonary organic glands, to unite the oxygen of the air with the venous blood, has its operation for a moment interrupted, it being necessary that such should take place in order to propagate life to another individual; therefore the electric or vital fluid, instead of being given off by the pulmonary glands for the purpose of continuing life in the usual way, has its course changed, and directed to the semen just being discharged. Thus it is that man imparts a portion of his own life to his offspring; hence it is that derangement of the organic nervous system

is communicated from one individual to the other, as, for instance, epilepsy; hence it is that the offspring of drunkards are often afflicted with epilepsy and other diseases of a nervous character."

Tenth Annual Meeting of the Illinois State Medical Society, held in Paris, May 8th and 9th, 1860. Chicago. Pp. 226.

This pamphlet, besides the minutes of the annual meeting, contains an address by the Permanent Secretary, Dr. N. S. Davis, and the valedictory address of the retiring President, Dr. David Prince, of Jacksonville, together with several valuable reports on medical subjects. We have not had time as yet to more than glance at the contents, but we infer, from the nature of the subjects and the length at which they are treated, that they are the result of much industry and research. The officers for the ensuing year are:—*President*, Dr. Wm. M. Chambers, of Charleston; *Vice Presidents*, Dr. T. K. Edmiston, of Heyworth, and Dr. H. R. Paine, of Marshall; *Treas'r*, Dr. J. W. Freer, of Chicago.

Through the kindness of the publishers, Messrs. Lindsay and Blakiston, Philadelphia, we have received the Physician's Visiting List for 1862. This useful little pocket companion is too well known to require any special notice. We observe, however, that in the list of antidotes for poisons no mention is made of tannin as an antidote for strychnia, a very important omission in our opinion; nor is anything said of the extraordinary power of liquor potassæ to neutralize the narcotic effects of belladonna. We would suggest also that, as the Sylvester method for restoring suspended animation has been resumed in England to some extent in place of that of Marshall Hall, which had for a time superseded it, it would be well to add it to the means recommended for the restoration of persons under the influence of strychnia.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 5, 1861.

The Use of Stimulants as a Beverage.—A few weeks since we referred to the use of stimulants in the treatment of disease, for the purpose of contrasting the method of Dr. Todd with that pursued by Dr. Gairdner, of Edinburgh, in the Infirmary under his charge. The social use of stimulants as a physiological rather than a moral question is still under discussion in England. A community in which the consumption of these articles is so enormous cannot easily submit to the deductions from Dr. Carpenter's total abstinence opinions, and as a consequence we find able and elaborate arguments in defence of the almost universal custom. Without for a moment accepting as true, with reference to our communities, the statement of Dr. Brinton, in his late work on Food and Dietetics, that "it is singular how few healthy teetotallers are to be met with in our ordinary inhabitants of cities," and adding that after an examination of many thousands of individuals, during a period of many years, with special reference to

this question, he was obliged to confess that he had met with very few perfectly healthy middle-aged persons successfully pursuing any arduous metropolitan calling under teetotal habits, we can yet see much that is reasonable and sound in an article on the question by Daniel Hooper, B.A., M.B., published in the London *Lancet*, from which we make the following extracts, regretting that we have not room for the whole paper:—

"In studying the physiological action of alcohol upon the human body, we must never forget that it is one of that large class of agents whose influence varies, not simply in amount, but in kind or quality, according to the quantity administered; so that the effects of a large dose will be, not a mere *multiple* of those of a small one, but of a totally different character. In some few cases, as those of lying or stealing for instance, quantitative difference does not produce qualitative difference; but in the majority of cases it does. A certain temperature produces ice—a higher one, steam; a certain weight bends a spring—a heavier one breaks it; a short mountain walk invigorates the body—a long one weakens it; a few hours' study may *in*nervate the brain—a few hours' more may enervate it. And may not, also, a certain amount of alcohol, tea, coffee, &c., strengthen the nervous system, and a larger one weaken it? Or is alcohol mischievous in *all* proportions, whilst tea, coffee, study, &c., are not so? Cause must be shown why alcohol is to be excluded from the class of agents which do good in moderation, and harm in excess. * * * * * *

"My own observation and reflection have led me to believe that alcoholic drinks are highly useful, if not necessary, articles of regular, daily consumption for vast numbers of persons; but that their kind and amount must be determined by age, sex, constitution, mode of life, and other circumstances. I believe they are more necessary for those whose avocations involve head-work, anxiety, and wear and tear of brain, than for such as lead a comparatively animal life, or one of mere bodily labor. And I think it will be found that the degree of *refinement* of the alcoholic liquor required is in tolerably exact ratio to the expenditure of brain-power. The agricultural laborer, for example, is satisfied with ginger-beer, or very poor home-brewed beer; the working classes of London with porter; clerks and shopkeepers with bitter ale; and barristers, judges and members of parliament with wine. In fact, we find a gradation of brain-work corresponding pretty exactly to that of the refinement and alcoholic power of the liquor habitually and instinctively made use of. On the continent, also, we see illustrations of the same fact—the strength and refinement of the wines consumed gradually rising with the exaltation of the brain-work of the consumers. Nor is this owing, as might be supposed, entirely to difference of rank or pecuniary resources; for every man finds the same fact illustrated and corroborated in his own experience. We all find, when on our tours in Switzerland or the Highlands, where we enjoy pure air, good food, and rest and recreation of brain; when, in short, we are living rather an animal than an intellectual life, we care nothing for, and do not require any sort of, alcoholic liquor; whereas, when engaged in our profession or business in London, in the midst of bad air, noise, hurry, bustle, competition and excitement, we are conscious of an unmistakable craving for a certain amount of alcohol with our daily food; the reason being that, in the one case, we are doing everything to refresh and fortify, and in the other to exhaust and wear out, the nervous system. This fact goes far to prove that alcohol, in some peculiar but as yet unexplained way, *does* repair nervous tissue.

"In estimating the value of alcohol, the experience and testimony of healthy persons who use it habitually, and in moderation, ought to be taken into account; also the fact that in all ages, and in every corner of the globe, man has discovered a method of preparing it. There are persons who do very well without alcohol; but this is no proof that it is useless to others. There are country districts where the laborers are strong and healthy without meat, and with beer almost as weak as water; but does it follow that the same fare would suit the London lawyer, barrister, judge, or member of Parliament? No, the two cases are totally different. Men whose labor resembles that of horses may and do live, like horses, upon corn and water; but those who are calculating, thinking, and reasoning

twelve hours out of the twenty-four, require a more refined sort of food and drink. A ploughboy will look fat and rosy upon his bread and cabbage and hard pudding and water; whilst a Gladstone will require, besides these, good animal food, tea, coffee, and an alcoholic liquor of great purity and refinement. If the brain-work of the London clerk demands a supply of Bass's ale, that of the working statesman will require something approaching œnanthic ether!

"Two arguments used by total abstainers require a short notice. They maintain that alcoholic liquors cannot afford any real and permanent benefit, because they contain little or nothing of a *solid* nature (as proved by evaporation to dryness). But if this proves the worthlessness of wine, so does it of tea and coffee! The fact is, experience has proved that all these agents, in spite of their unsubstantial nature, do refresh the wearied brain and nerves, and impart new life and health to the spirits. Exercise, fresh air, recreations, study, tea, coffee, and cigar smoke, are all devoid of solidity; but the argument that they are *therefore* incapable of imparting anything to the human body is still more so. On the contrary, we know that exercise does add bulk and weight and substance to the muscles; that fresh air does redden and enrich the blood; that recreation and study do nourish the brain and nerves; that tea and coffee and alcohol do, at any rate, prevent a waste of the tissues (and probably also directly nourish the nervous system); and that moderate smoking, by soothing and calming the over-busy and excited brain, prevents its exhaustion and waste; in short, some of the least material agents have the most real, powerful, and beneficial influence upon the human body. Again, teetotallers contend that, in the case of alcohol, it is impossible to define moderation and success, since what is moderation to one man is excess to another, and *vice versa*; but this is equally true of salt, sugar, tea, coffee, and many other things, moderation and excess in which they regard as tolerably well defined by common consent. The truth is, there is a certain recognized standard quantity of alcohol, salt, sugar, tea, coffee, &c., which all men agree to call *moderate*, and the difficulty is not greater in the case of alcohol than of any other article of daily consumption. The man who eats a leg of mutton at a meal, or consumes a pound of salt, or drinks a gallon of beer per diem, is looked upon by the public as a monstrosity, an exception, a wonder! whilst he whose daily consumption is one sixteenth of these articles is regarded as an ordinary individual—a type of the masses; in short, the excessive and the moderate man are as well known and as easily recognized as are any of the types and their deviations in the animal and vegetable world. It is idle and absurd to pretend that the boundary line between moderation and excess is indefinable. I believe every man knows where it is, and when he has overstepped it, even although, from long habit and blunted sensibility, the transgression may have little effect upon him. The soldier's rations and the diet-lists of our great hospitals, are so many proofs that *there is a standard* in these matters, well understood, and that public institutions, in their dietetical arrangements, do not contemplate or provide for monsters who eat a leg of mutton and drink three gallons of beer per diem!"

Medical Appointments in the U. S. Army.—By a general order issued on the 20th of August, the following gentlemen have been appointed Brigade Surgeons:—George H. Lyman, of Massachusetts; F. H. Hamilton, New York; Henry S. Hewitt, New York; J. H. Brinton, Pennsylvania; John A. Lydell, New York; John C. Dalton, Jr., New York; George Suckley, New York; Henry Bryant, Massachusetts; P. W. Ellsworth, Connecticut; Luther V. Bell, Massachusetts; S. W. Gross, Pennsylvania; David Prince, Illinois; A. H. Hoff, New York; W. H. Church, New York; Joseph W. Freer, Illinois; Rufus H. Gilbert, New York; J. E. Quidor, New Jersey; Charles McMillin, New York; Charles O'Leary, Ohio; J. G. F. Hoslton, District of Columbia; A. B. Campbell, Pennsylvania; J. V. Z. Blaney, Illinois; Thomas Sim, Illinois; J. S. Bobbs, Indiana; Peter Pineo, Massachusetts; Wm. E. Waters, District of Columbia; O. Martin, Massachusetts; J. H. Banch, Illinois; William B. Stewart, Indiana; N. R. Derby, Pennsylvania; Daniel McRuer, Maine; S. R. Haven, Illinois; A. E. Stocker, Pennsylvania; J. Owen, Pennsylvania; W. C. Thompson, Indiana; James King, Pennsylvania; T. Rush Spencer, New York; J. D. Robinson, Ohio; William Glendennin, Ohio; George G. Shumard, Ohio.

Medical Department of Pennsylvania College, Philadelphia.—All the members of the Faculty of this department have resigned their chairs. The reason assigned is a disagreement between the Faculty and the Board of Trustees of the Department (controlling the College Building), in regard to the expenses of the institution, in view of the expected reduction of the medical classes during the war.—*Medical News and Library.*

Surgical Appointments for Massachusetts Volunteers.—Dr. Samuel A. Green, Assistant Surgeon of the First Regiment, M. V., has been designated as Surgeon of the new regiment to be recruited by Maj. Stephenson, of the Fourth Battalion. Dr. F. L. Munroe, late of Major Cook's Battery of Artillery, has been appointed Assistant Surgeon of the First Regiment.

In addition to the public withdrawal of Dr. Peters, of New York, from the homœopathic ranks, as stated in the Journal of the 22d ult., three other physicians of that city, recently homœopathic practitioners, publish in the *Medical Times* a declaration, absolving themselves "from any and all medical sects," and reserving to themselves the legitimate title of physicians and surgeons. The names of these gentlemen are—Ed. P. Fowler, M.D.; Wm. Faulkner Browne, M.D.; and W. O. McDonald, M.D.

The medical officers of the volunteer forces in and about Fortress Monroe —seventeen in number—furnish to the *Medical Times* a denial of the statement made recently that there was a *marked prejudice* against the service of the volunteer surgeons on the part of the Medical Director and his associates of the regular army.

In the *British American Medical Journal* for August we detect an error in its notice of the new anæsthetic, kerosolene. The experiments referred to, upon himself and others, were made by Prof. Henry J. Bigelow, not by Dr. Bowditch.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, August 31st, 1861.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week,	40	64	104
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	54.8	48.3	103.1
Average corrected to increased population,	..	..	114.4
Deaths of persons above 90,	..	1	1

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
16	16	2	4	4	0	1	5	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	30.121	Highest point of Thermometer,	81.0
Highest point of Barometer,	30.354	Lowest point of Thermometer,	53.0
Lowest point of Barometer,	29.884	General direction of Wind,	W.S.W.
Mean Temperature,	67.6	Am't of Rain (in inches)	0.00

Died,—At Wayland, 29th ult., Ebenezer Ames, M.D., 73 years, 2 months.—At Framingham, Sept. 2d, Dr. Simon Whitney, aged 64.—In this city, Sept. 3d, of disease of the heart, after a few days' illness, Thomas Robert Owens, M.D., 36.

Deaths in Boston for the week ending Saturday noon, August 31st, 104. Males, 40—Females, 64.—Abscess, 1—congestion of the brain, 3—disease of the brain, 2—inflammation of the brain, 1—cancer (of the uterus), 1—cholera infantum, 16—consumption, 16—convulsions, 3—croup, 2—cyanosis, 1—debility, 1—diarrhœa, 3—dropsy, 2—dropsy of the brain, 3—drowned, 1—dysentery, 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 5—gastritis, 1—hæmoptysis, 2—homicide, 1—infantile disease, 5—disease of the kidneys, 1—inflammation of the lungs, 4—marasmus, 4—old age, 3—peritonitis, 1—premature birth, 1—puerperal disease, 1—syphilis, 1—tabes mesenterica, 1—teething, 2—thrush, 1—ulcers, 1—unknown, 3—inflammation of the uterus, 1—whooping cough, 3.

Under 5 years of age, 59—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 13—above 60 years, 5. Born in the United States, 74—Ireland, 24—other places, 6.